

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Shearer , Carl L.

Title: SYSTEM AND METHOD OF TRAINING IN A  
TRANSMIT/RECEIVE SYSTEM

Appl. No.: 10/539,663

International Filing Date: 3/16/2005  
371(c) Date: 2/09/2006

Examiner: Rushing, Mark S.

Art Unit: 2612

Confirmation No.: 4260

**AMENDMENT TRANSMITTAL**

Mail Stop **AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ **X** ] Amendment and Reply Under 37 CFR 1.111 (12 pages).

[ **X** ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	-	23	=	0	x	\$52.00	=	\$0.00
Independent Claims:	4	-	4	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$390.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$130.00	\$0.00
[ ] Extension for response filed within the second month:	\$490.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$1,110.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,110.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1,110.00

The above-identified fees of \$1,110.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/02/2009

By /Jonathan D. Rowell/

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